

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>POSTMASTER</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2015</b>		
Mailing Address <b>475 L'ENFANT PLAZA SW</b>			Amount <b>1000.00</b>		
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20260</b>	Transaction ID : <b>SE24.1244</b>		
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2015</b>		
Name of Federal Candidate <b>DR. BEN CARSON</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>3030072.51</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>1000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 18 / 2016**

Signature

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
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Form/Schedule: SE  
Transaction ID : SE24.1244

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$19.61 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:  
Transaction ID: